2012 Healthy IncentivesSM Appeal Request Form



Complete and return this form to King County Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333. Before submitting this form, you must have first filed an appeal with WebMD at 1-866-584-6813 before August 15, 2012. For your appeal to be considered, Benefits, Payroll and Retirement Operations must receive this form *no later than Friday, September 14, 2012.*

Employee _	yee Birth date					
Mailing address			_	Apt		
City			State	ZIP		
Work phone	,		Home/cell phone			
			ationship to you, the employee			
Name			Relationship	Relationship		
Date appea	I was submitted to	o WebMD				
Reason for	denial by WebMC) (attach additional info	ormation as necessary)			
Reason for	appeal to Benefits	s, Payroll and Retirem	ent Operations (attach additiona	al information as ne	ecessary)	
Employoo signaturo				Date		
For Office I	Jse Only					
Reason for	approval/denial _					
Appeal appi	roved/denied by (print name)				
Signature _				Date		
Appeal over	ride entered into	PeopleSoft by (print na	ame)			
Signature				Date		
	Date received	Received by	Appeal approved Yes □ No □	PeopleSoft ID	Date effective	
	Letter sent	Recorded	Position	•	Union	